Exploring the views of primary care and community health professionals on managing malnutrition in frail older people

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Abstract

Introduction: Malnutrition is common in older people and is associated with morbidity and mortality. However, we know little on how it can be managed in primary care. The aims of the present study was to: a) explore the views and practices of primary care and community professionals on the management of malnutrition in frail older people; b) identify elements of potential primary care-based interventions; c) identify training and support required.

Methods: Seven focus groups and an additional interview with primary care teams (including General Practitioners (GPs), nurses and health care assistants), frailty multi-disciplinary teams (MDT) and community dietitians in London and Hertfordshire (n=60). Data were analysed using thematic analysis.

Results: Primary care and community health professionals perceive malnutrition as a multi-faceted problem. There was an agreement that there is a gap in the care provided for malnutrition in the community. However, there were conflicting views regarding professional accountability. Challenges commonly reported by primary care professionals included overwhelming workload and lack of training in nutrition. Community MDT professionals and dietitians thought that an intervention to tackle malnutrition would be better placed in primary care and suggested opportunistic screening interventions. Education was an essential part of any intervention, complemented by social support for frailer or socially isolated older people.

Discussion: There is a gap in the care provided for frail older people at risk of malnutrition. Future interventions should include a multi-faceted approach. Education tailored to the needs of older people, carers and healthcare professionals is a necessary component of any intervention.

Patient and Public Involvement (PPI)

Two Patient and Public Involvement (PPI) representatives were involved in all stages of the research process, including design, contributing to the grant application and lay language summaries, feedback on participant recruitment materials and topic guides, analysis of qualitative data, interpretation of findings and dissemination.